

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000020525

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1. Corporation Name

ALLIED REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

6854 NORTH PASSAGE WAY
TEQUESTA FL

6854 NORTH PASSAGE WAY
TEQUESTA FL



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8854 North Passage Way

3. New Mailing Office Address, If Applicable

8854 North Passage Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33469

Country

Zip

33469

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1999

5. FEI Number

65-0922209

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Myrna Posner	8854 N. Passage Way	Tequesta, FL 33469
V. President	B. Scott Johnson	8854 N. Passage Way	Tequesta, FL 33469

300003491453--8
-12/08/00--01027--008
****150.00 / ****150.00

8. Name and Address of Current Registered Agent

POSNER, MYRNA
6854 NORTH PASSAGE WAY
TEQUESTA FL

9. Name and Address of New Registered Agent

Name
M.F. & Associates, Inc.
Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd
Suite, Apt. #, Etc.
112
City
Palm Beach Gardens
State
FL
Zip Code
33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

10/20/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2000
Date

Daytime Phone #

CR2E040 (8/00)



& Associates, Inc.

November 7, 2000
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

11380 Prosperity Farms Rd., Suite 112
Palm Beach Gardens, FL 33410
Phone (561) 691-1100
Fax (561) 626-3040

Re: Allied Rehabilitation Services, Inc.

To Whom It May Concern:

We are the accountants for the above-mentioned corporation. The President of the company, Myrna Posner, requested that we contact you in regard to the dissolution of her Florida Corporation.

In this regard, we respectfully request that the corporation be brought back into good standing and that no late fees be applied due to the following circumstances:

The officers of the corporation were not aware that they had to file an annual report as this was their first year as a corporate entity.

The corporation did not receive any notices, as the address on file was not correct (see changes made on the attached Application for Reinstatement).

As this is a start-up company, the additional penalties imposed would be a financial burden to the company.

Enclosed with this application and letter you will find a check in the amount of \$150.00. We would appreciate it if you would reinstate this corporation with no further penalties.

Sincerely,

A handwritten signature in black ink, appearing to read 'James F. Faichney'.

James F. Faichney
M. F. & Associates, Inc.

A handwritten signature in black ink, appearing to read 'Myrna Posner'.

Myrna Posner
President
Allied Rehabilitation Services, Inc.